SUBSTITUTE W 9/VENDOR UPDATE FORM

(Please print or type except for signature)

In order for the State of Iowa to pay you the amount that is due to you and to comply with the IRS regulations on reporting these payments, we are requesting the following information. **Failure to provide this information will result in withholding of payment.**

Box A	Box B	
Are you/Your Business YES NO		ZEC NO
Individual [I]	_	<u>YES</u> <u>NO</u>
Or Sole Proprietor [S]	Corporation [C] _	
Sole Proprietor [S]	Partnership [P] _	
Phone	Estate or Trust [E] -	
Fax LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL		-
If the answer to both was no , please complete Box B	Government [G] -	
If you answered Yes to either item, please provide your Social Security number (Sole Proprietors may enter their EIN, however, the IRS prefers you use your SSN):	Other Please Explain	
SSN LLLL LLLL		
OR EIN LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL	Please provided us with your	
AND Complete the name and address below	Federal Employer Identification Number:	
Last Name		
	Phone LLL LLL	
First Name	Fax LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL	
	AND	
Doing Business as	Complete the Name and Address below:	
	Firm:	
Address:	Doing Business as:	
Address:	Address:	
City:	City:	1
State: 7in:	State: Zip:	
State: Zip:	State: Zip:	
Certification	Must Be Signed By Vendor	
Certification – Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identi (2) I am not subject to backup withholding because: (a) I am exe Revenue Service (IRS) that I am subjected to backup withhold notified me that I am no longer subject to backup withholding	ification number (or I am waiting for a number to be is empt from backup withholding, or (b) I have not been ding as a result of a failure to report all interest or divi	notified by the Internal
Signature	D	ate
For Office Use Only (Re	efer to Procedure 270.450 for more details)	1 4 1 1
	From Dept.	Add Change
	Contact	(Include vendor coo

Phone #:

Delete

Reason